

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 19/01/96

45816

White - Head Office copy
 Pink - Nurse's copy
 Yellow - Client's copy

For H.O. use only

CLIENT R/C

Address

HOSPITAL

Ward Name
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number /

Name **Code A**

grade PAYABLE

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy.

IF SOCIAL SERVICE DUTY

TICK

REF

EACH LINE to end of night duty	FROM HRS 00.00	TO HRS 00.00	Time taken for meals	HOURS ACTUALLY WORKED						TRAVEL Daily mileage	EXTRAS e.g. NIGHT CALLS, TRAVEL ON CLIENT BUSINESS ETC.
				DAY			NIGHT				
				W/D	W/E	P/H	W/D	W/E	P/H		
MON											
TUES											
WED											
THURS											
FRI											
18/1 SAT	0700	1330			6½						
SUN to end of night duty					6½						

I certify that the total of 6½ hours have been

satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.

Signature (Client please)

Code A

Date

20/1/92

Position

S/N



We pay our members weekly.
 Please be prompt with your settlement of the account
 I.C.N.S.
 90 High Street
 Burnham
 Bucks SL1 7TD
 Tel: Burnham (01628) 665271

Please tick if you require:

- Timesheets
 Address labels